

Check A Box  
Patented Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 10/019217)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/019217

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	3					
TOTAL CLAIMS	6					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						